

# PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

754465

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

| FOR                              | NUMBER FILED    | NUMBER EXTRA |
|----------------------------------|-----------------|--------------|
| BASIC FEE                        |                 |              |
| TOTAL CLAIMS                     | 47 minus 20 = * | 27           |
| INDEPENDENT CLAIMS               | 5 minus 3 = *   | 2            |
| MULTIPLE DEPENDENT CLAIM PRESENT |                 |              |

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| RATE     | FEE       | RATE     | FEE       |
|----------|-----------|----------|-----------|
|          | \$ 315.00 |          | \$ 630.00 |
| x \$10 = | 270       | x \$20 = |           |
| x 30 =   | 60        | x 60 =   |           |
| + 100 =  |           | + 200 =  |           |
| TOTAL    | 645       | TOTAL    |           |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT               | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|--|------------------------------------|---------------|
|             | Total  | * 48 Minus ** 47                   | = 1           |
|             | Independent                                    | * 5 Minus *** 5                    | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                    |               |

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE | RATE             | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| x \$10 =         | 10             | x \$20 =         |                |
| x 30 =           | 36             | x 60 =           |                |
| + 100 =          |                | + 200 =          |                |
| TOTAL ADDIT. FEE | 10             | TOTAL ADDIT. FEE |                |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT               | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|--|------------------------------------|---------------|
|             | Total  | * Minus **                         | =             |
|             | Independent                                    | * Minus ***                        | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                    |               |

| RATE             | ADDITIONAL FEE | RATE             | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| x \$10 =         |                | x \$20 =         |                |
| x 30 =           |                | x 60 =           |                |
| + 100 =          |                | + 200 =          |                |
| TOTAL ADDIT. FEE |                | TOTAL ADDIT. FEE |                |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT               | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|--|------------------------------------|---------------|
|             | Total  | * Minus **                         | =             |
|             | Independent                                    | * Minus ***                        | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                    |               |

| RATE             | ADDITIONAL FEE | RATE             | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| x \$10 =         |                | x \$20 =         |                |
| x 30 =           |                | x 60 =           |                |
| + 100 =          |                | + 200 =          |                |
| TOTAL ADDIT. FEE |                | TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

| REQUEST FOR PATENT FEE REFUND                               |                                   |   |                        | DEC 92-00429 |  |  |  |  |  |  |  |
|---|-----------------------------------|---|------------------------|--------------|--|--|--|--|--|--|--|
| 1 Date of Request: <u>9-14-91</u>                           |                                   | 2 Serial/Patent # <u>07/754465</u>  |                        |              |  |  |  |  |  |  |  |
| 3 Please refund the following fee(s):                       |                                   | 4 PAPER NUMBER  | 5 DATE FILED           | 6 AMOUNT     |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/>                         | Filing                            |   | 9/3/91                 | \$ 100.00    |  |  |  |  |  |  |  |
| <input type="checkbox"/>                                    | Amendment                         |   |                        | \$           |  |  |  |  |  |  |  |
| <input type="checkbox"/>                                    | Extension of Time                 |   |                        | \$           |  |  |  |  |  |  |  |
| <input type="checkbox"/>                                    | Notice of Appeal/Appeal           |   |                        | \$           |  |  |  |  |  |  |  |
| <input type="checkbox"/>                                    | Petition                          |   |                        | \$           |  |  |  |  |  |  |  |
| <input type="checkbox"/>                                    | Issue                             |   |                        | \$           |  |  |  |  |  |  |  |
| <input type="checkbox"/>                                    | Cert of Correction/Terminal Disc. |   |                        | \$           |  |  |  |  |  |  |  |
| <input type="checkbox"/>                                    | Maintenance                       |   |                        | \$           |  |  |  |  |  |  |  |
| <input type="checkbox"/>                                    | Assignment                        |   |                        | \$           |  |  |  |  |  |  |  |
| <input type="checkbox"/>                                    | Other                             |   |                        | \$           |  |  |  |  |  |  |  |
|   |                                   | 7 TOTAL AMOUNT OF REFUND  |                        | \$ 100.00    |  |  |  |  |  |  |  |
|   |                                   | 8 TO BE REFUNDED BY:  |                        |              |  |  |  |  |  |  |  |
| 10 REASON:  |                                   | <input checked="" type="checkbox"/>   | Treasury Check         |              |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/>                         | Overpayment                       |   | Credit Deposit A/C #:  |              |  |  |  |  |  |  |  |
| <input type="checkbox"/>                                    | Duplicate Payment                 | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |                        |              |  |  |  |  |  |  |  |
|   |                                   |   |                        |              |  |  |  |  |  |  |  |
| <input type="checkbox"/>                                    | No Fee Due (Explanation):         |   |                        |              |  |  |  |  |  |  |  |
|   |                                   |   |                        |              |  |  |  |  |  |  |  |
|   |                                   |   |                        |              |  |  |  |  |  |  |  |
|   |                                   |   |                        |              |  |  |  |  |  |  |  |
| 11 REFUND REQUESTED BY:                                     |                                   |   |                        |              |  |  |  |  |  |  |  |
| TYPED/PRINTED NAME: <u>F. DOVE</u>                          |                                   |   | TITLE: _____           |              |  |  |  |  |  |  |  |
| SIGNATURE: <u>[Signature]</u>                               |                                   |   | PHONE: <u>308-1202</u> |              |  |  |  |  |  |  |  |
| OFFICE: <u>ON IAR</u>                                       |                                   |   |                        |              |  |  |  |  |  |  |  |
| *****<br>THIS SPACE RESERVED FOR FINANCE USE ONLY:<br>***** |                                   |   |                        |              |  |  |  |  |  |  |  |
| APPROVED: <u>[Signature]</u>                                |                                   |   | DATE: <u>12/27/91</u>  |              |  |  |  |  |  |  |  |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: